Office: 242 State Street, Augusta, Maine



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Phone: 207-287-4179 Fax: 207-287-6775

2008 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2008 through December 31, 2008

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 17, 2009.

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□ Please check if this is an update to a previously filed statement for the calendar year 2008.										
LEGISLATOR INFORMATION										
Name IROY JACKS	Member of: ☐ House ☐ Senate									
Mailing address 167 Allagash Roa	District 3 S									
City, zip code Allagesh, 04,	Phone 398 - 708/									
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER										
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.										
Name of Employer	Address	Principal Type of Economic Activity of Employer								
State of Maine										
The state of the s										

	RIVED FROM SELF-EMPLOYME ors who are self-employed.)	NT								
A. List the name and address of your business, if derived income. If associated with a partnership, firr areas of economic activity of that entity.	any, and list the major areas of on, professional association, or sim	economic activity from which you illar business entity, list the major								
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)								
Name: Fort Krat Sears Address: Fort Krat, Mr 0474;	, Retail	Torporation								
Name: Address:	979 30000 Library 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s								

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLOYMENT no are self-employed.)	vi e
B. List each source of income derived from self-employment that n is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prof the entity or person from whom the income was derived.	entity or person from whom you derive	d such income. If this form of
Name and Address of Source	Aci	Principal Type of Economic tivity of Entity or Person Who s the Source of the Income
Name:		1905 Milliologice en
Address:		
Name:	O O O O O O O O O O O O O O O O O O O	Meditalehiraken anakarang gapakang diping diping -
Address:		
	REAS OF PRACTICE re attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list t	The state of the s	
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:	4	
Address:	in an address of a local	were considerated
Name:	Transferring for a transferring to contract to contract to the	rennes promotorios su sustante en sustante de la companya de la companya de la companya de la companya de la c
Address:		· · · · · · · · · · · · · · · · · · ·
PART 4. OTHER SO	DURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2	2, or 3 of this form. Do not include gifts.	If none, check the box.
None	annungan property of falls have been reference was warrant or the William be and the best better the tree of the second	
Name and Address of Source	1	Kind of Income Investments, leases, etc.)
Name:		
Address:		
Name:	*** *** *** *** *** *** *** *** *** **	E (MESSAN) MINISTERNA Marine and a manuscript of MARINESS (MESSAN) MINISTERS (MESSAN) MINISTERS (MESSAN) MARINESS (MESSAN) MESSAN (MESSAN) MESSAN (MESSAN MESSAN ME
Address:		
PART 5. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list loans from a	nore that you received during the report relative. If none, check the box	ling period, and list the major
None None	осили и положения на при	2-0-088-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Name and Address of Creditor	Þ	rincipal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
	RTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of more than	\$300 from a single source. If
None	(RETEXTED TO THE PERIOD TO	WYCONY SIBIAN BARANA AMARANA A
Name of Source of Gift 1.	Name of Source 3.	of Gift
2.	шория в принцений на принцений	

PART 7. REPORT.	ABLE HO	ONO	RARIA			
List the source of any honoraria accepted for appearances or speed	ches relate	d to y	our off	icial duties. If none, check the box.		
□ None						
Name of Source of Honoraria			N	ame of Source of Honoraria		
1.	3.					
2.	4.	80089700372000 A. H	COMMENCE COLORS	A Management of the state of th		
PART 8. REPRESENTATION	N BEFOR	E ST	ATE /	AGENCIES		
List each executive branch agency before which you represented the box.	or assisted	d othe	rs for	compensation of any amount. If none, check		
None	***************************************	and the second s	rounizene mannen en en en			
Name of Agency				Name of Agency		
1.	3.					
2.	4.					
PART 9. BUSINESS W	VITH STA	TE &	GENO	RES		
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	555 555 555 555 555 555	waller processing				
X None	and a state of the	eterrountsmen	acamaco.comunicacomo.			
Name of Agency			MAGNETONIA JALO	Name of Agency		
1.	3.					
2.	4.					
PART 10. INCOME RECEIVED BY	MEMBER	RS O	F IMM	EDIATE FAMILY		
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	ome of \$1, d. Do not	000 c	r more de gifts	e received by your spouse or dependent child c. Circle "S" for income received by spouse or		
Type of Economic Activity Representing Source of Income Received		Circle appropriate letter		Kind of Income		
1.		S	D			
2.	***************************************	s	D			
	nervinare morranemous esquis exquis	5319701070114643 8 686	i i i i i			
3.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	S	D			
4.		S	D			
SIGNA	ATURE					
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	ubject to a	a fine	of \$1	0 per business day until the report is filed.		
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the	the Com	missi ev Ge	on cor neral.	ncludes that it appears that a Legislator has		

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

1/2/09

Date

NAME:	DATE:									Section of the sectio		
ADDRESS:	NEXT (No. 100 months) and the second	«Кайном (м.)»	TRACE CASE CONTRACTOR	***************************************	Send and accommodify programming any particles of the send of the	2000011/72@000000000000000000000000000000000000	Alland Managara en	Marie Carlo Ca	Perolesson militaris front instructive city militaris ME	ARTHUR PROPERTY AND	MARKATA ANGLO-VICTORIA SERVICE	1.50°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
ADDITIONAL INFORMATION												
Please provide information you	any additional are providing.	information	below	(and on	additional	sheets i	if needed).	Indicate the	e part or	section	number	for the
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